



STATE OF NEW HAMPSHIRE
DEPARTMENT OF SAFETY
DIVISION OF ADMINISTRATION
ROAD TOLL BUREAU
33 HAZEN DRIVE
CONCORD NH 03305
TELEPHONE: (603) 271-6183
TDD Access: Relay NH 1-800-735-2964

FOR OFFICIAL USE ONLY:

CLAIM NUMBER:	
CLASS NO.	NO. MOS.
APPROVED	DISALLOWED
GALS.	GALS.
\$	\$
BY	REASON NO.
DATE	

ROAD TOLL REFUND APPLICATION
TAX PAID DIESEL ONLY

IFTA LICENSE # _____
(IF APPLICABLE)

NAME OF APPLICANT:
STREET:
CITY/TOWN:
STATE-ZIPCODE:
TELEPHONE NUMBER:

The above applicant has purchased and used for the purpose herein stated diesel on which the Road Toll has been paid. **All equipment using tax paid diesel** must be listed on the reverse side and total diesel consumed must be accounted for.

ONLY PHOTOCOPIES of all purchases bearing name and address of supplier and **NAME OF THE APPLICANT** together with evidence of payment must be attached. **Evidence of payment**—each invoice must be receipted by supplier as being paid or if payment is made by check, date of payment together with check number must appear on invoice. Evidence of erasures or changes in either dates or amounts shown on invoices or evidence of payment shall result in the invoices being disallowed. Invoices cannot be returned.

NOTE: DIESEL MUST BE ACTUALLY USED AND REFUND APPLIED FOR WITHIN TWO (2) YEARS OF THE DATE OF PURCHASE OR INVOICE OF THE DIESEL FOR WHICH THE REFUND IS CLAIMED. THE MINIMUM REFUND IS TEN DOLLARS (\$10.00). APPLICATIONS FOR LESS THAN TEN DOLLARS (\$10.00) WILL NOT BE ACCEPTED.

APPLICANTS' CLAIM

1. Total gallons, as per attached invoices	Gals.
2. Total gallons consumed on public ways (col.5-line 17 & 19 (reverse side))	Gals.
3. Total gallons consumed off public ways (col. 6-line 17 & 19 (reverse side))	Gals.
4. Amount of refund (Line 3 x .18)	\$

5. Type of operation:	
6. Where used: (city/town, state)	
7. Columns 1 through 6 on the reverse side must be completed by applicant.	
8. Stock Record—reverse side—must be completed if applicant has storage tanks or used drums	

SIGNATURE:	TITLE:
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"This application is signed under penalty of unsworn falsification pursuant to RSA 641:3."

DIESEL USED FOR THE PERIOD OF _____ YR_____ THROUGH _____ YR _____

COLUMN 1	COLUMN 2	COLUMN 3	COLUMN 4	COLUMN 5	COLUMN 6
TYPE OF EQUIPMENT	MAKE	YEAR	*REG NO*** (IF ANY)	GALLONS USED ON HIGHWAY	GALLONS USED OFF HIGHWAY
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
PLEASE NOTE AN EQUIPMENT LIST WITH BREAKDOWN MAY BE ATTACHED BUT LINES 17 THROUGH 20 AND THE STOCK RECORD MUST BE COMPLETED.			17 Non IFTA Totals		
			18	Line 2 (on front)	Line 3 (on front)
			19 IFTA Totals		
			20 Totals Used Lines 17 & 19, Col. 5 & 6*:		
			*Line 20 must equal line 6 of stock record		

STOCK RECORD MUST BE COMPLETED IF APPLICANT HAS STORAGE TANKS OR PURCHASES IN DRUMS

STOCK RECORD	GALLONS
1. ACTUAL INVENTORY FIRST DAY OF PERIOD	
2. TOTAL GALLONS (AS PER ATTACHED INVOICES)	
3. TOTAL GALLONS TO BE ACCOUNTED FOR (LINE 1 AND 2)	
4. GALLONS USED: NON IFTA LICENSED EQUIPMENT	
A. ON ROAD USAGE (column 5, line 17)	
B. OFF ROAD USAGE (column 6, line 17)	
5. GALLONS USED: IFTA LICENSED VEHICLES	
A. ON ROAD USAGE (column 5, line 19)	
B. OFF ROAD USAGE (column 6, line 19)	
6. TOTAL LINES 4A and B, 5A and B	
7. TOTAL GALLONS SOLD	
8. BOOK INVENTORY LAST DAY OF THE PERIOD (LINE 3 LESS LINE 6 AND 7)	
9. ACTUAL INVENTORY LAST DAY OF PERIOD (STICK READING)	
10. STOCK RECORD-LOSS OR GAIN (DIFFERENCE LINES 8 MINUS 9)	
11. TOTAL GALLONS ACCOUNTED FOR (TOTAL LINES 6,7,9, & 10 MUST EQUAL LINE 3)	
FOR OFFICIAL USE ONLY:	
TRUCK, TRACTOR, CAR, STATIONARY MOTORS, ETC	* LIST MOTOR VEHICLES, REGISTRATION NUMBER REGARDLESS OF TYPE. APPLICANTS MAKING PURCHASES IN CANS (2, 5, 10 GALS.) OR BY DIRECT RECEIPT INTO FUEL TANKS ARE NOT REQUIRED TO COMPLETE STOCK RECORD BUT MUST COMPLETE STOCK RECORD BUT MUST COMPLETE COLS. 1 THROUGH 6.